

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | 2876 |
| Suggested Classification:: | 235/379 |
| Title:: | CASH DISPENSING AUTOMATED BANKING MACHINE WITH SERVICE MONITOR |
| Attorney Docket Number:: | D-1221 R2 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 18 |
| Total Drawing Sheets:: | 97 |
| Small Entity:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dave
Middle Name::
Family Name:: Kraft
Name Suffix::
City of Residence:: Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 3505 Darlington Avenue
City of mailing address:: Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44708

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: Schoeffler
Name Suffix::
City of Residence:: Twinsburg
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2148 Demi Drive
City of mailing address:: Twinsburg
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44087

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: Kansa
Name Suffix::
City of Residence:: Akron
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2357 Copley Road
City of mailing address:: Akron
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44320

Applicant Information

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|---|----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Douglas |
| Middle Name:: | A. |
| Family Name:: | Kovacs |
| Name Suffix:: | |
| City of Residence:: | Canton |
| State or Province Of Residence:: | OH |
| Country of Residence:: | US |
| Street of mailing address:: | 212 Viking Street NW |
| City of mailing address:: | Canton |
| State or Province of mailing address:: | OH |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 44214 |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zachary
Middle Name::
Family Name:: Utz
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 8194 Overwood Avenue
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MX
Status:: Full Capacity
Given Name:: Pedro
Middle Name::
Family Name:: Tula
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1118 Lindy Lane SW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Wymer
Name Suffix::
City of Residence:: Tallmadge
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 287 Osceola Avenue
City of mailing address:: Tallmadge
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44278

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

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| Representative Customer Number: | 28995 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Date Filing:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/453,667 | 03/10/2003 |

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH